

215037150
60087

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 124	Agency Case No. B5-084550	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/12/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		STATE USE ONLY Amended 09/13/2015							
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1500	POLICE NOTIFIED 1515								
B 70	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 1000 Block of Saunders Ave		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO								
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE								
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION										
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
		40.00		X		of W curb of N 11th St							
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN												
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN								
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
VEHICLE NO. 1													
F 1	DRIVER LICENSE NO.	E10037184			STATE (Of License)	NE							
V1/N 1	DRIVER	RONALD L STACHURA			PHONE	402-310-2900							
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	10/20/1960							
G 2	OWNER	RONALD L STACHURA			PHONE	402-310-2900							
V1/O 2	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO							
H 5	LICENSE PLATE	PA NO.	11D661	YEAR (Plate Expires)	2015	STATE (Of Plate) NE							
V1/O 2	VEHICLE	YEAR	1999	MAKE	Ford	MODEL	WG1						
V2/O 2	VEHICLE ID NO. (VIN)	1FMRE1125XHB39045			BODY STYLE	Full size van	COLOR	black					
I 1	VEHICLE	YEAR	1999	MAKE	Ford	MODEL	WG1	BODY STYLE	Full size van	COLOR	black	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000
J 01	VEHICLE ID NO. (VIN)	1FMRE1125XHB39045			INSURANCE COMPANY	Allied Prop Ins			POLICY NO.	0048275678			
VEHICLE NO. 2													
F 1	DRIVER LICENSE NO.	G02145571			STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE					
V1/P 1	DRIVER	EARL L ROBINETT			PHONE	402-730-6517	LOCAL NO.						
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	12/20/1929	LOCAL NO.						
J 01	OWNER	EARL ROBINETT			PHONE	402-730-6517	LOCAL NO.						
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.						
V2/Q 4	LICENSE PLATE	NO.	LST898	YEAR (Plate Expires)	2015	STATE (Of Plate)	NE						
V1/O 2	VEHICLE	YEAR	2009	MAKE	KIA	MODEL	SEL						
V2/O 2	VEHICLE ID NO. (VIN)	KNDMB233996275454			BODY STYLE	Full size van	COLOR	silver / chrome					
K 02	VEHICLE	YEAR	2009	MAKE	KIA	MODEL	SEL	BODY STYLE	Full size van	COLOR	silver / chrome	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000
		TOWED TO			TOWED BY			INSURANCE COMPANY			AllState		
		TOWED TO			TOWED BY			POLICY NO.			095171505		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)			1	2	3	4	5	SEX
								Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)			1	2	3	4	5	SEX
								Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)			1	2	3	4	5	SEX
								Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					

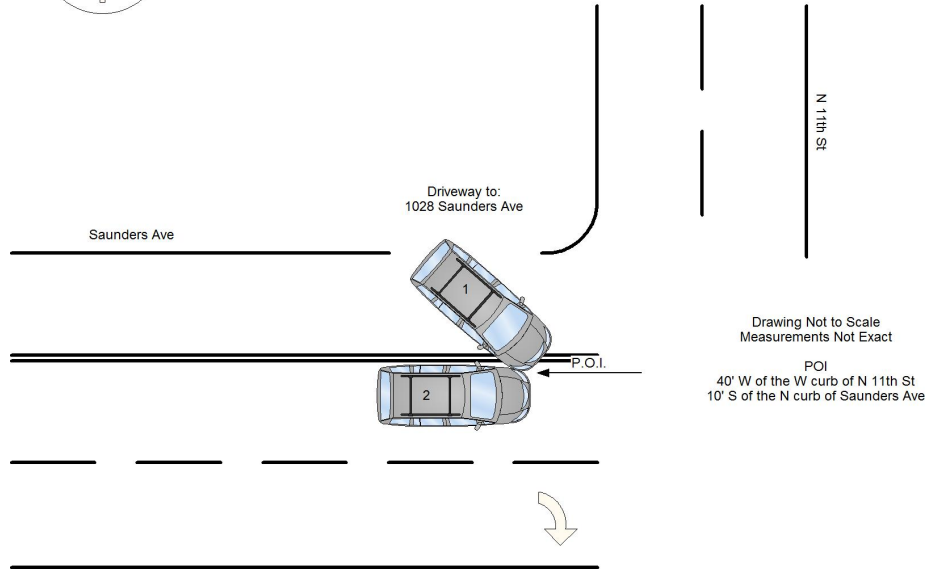
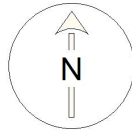
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084550



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was leaving 1028 Saunders to travel EB on Saunders Ave. D1 stated he did not look to the west before pulling out into traffic. D1 stated he struck V2.

D2 stated he was traveling EB in the 1000 block of Saunders Ave. D2 stated he was traveling approx 15 mph when V1 collided with his vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2																	
1		X			1028 Saunders	POINT OF IMPACT	02	POINT OF IMPACT	08	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				ALCOHOL TESTING Driver No. 1: Y Driver No. 2: Y Pedestrian: Y ALCOHOL LEVEL TESTED N X N X N BAC LEVEL ALCOHOL/DRUGS SUSPECTED Driver No. 1: 1 Driver No. 2: 1							
2			X		1000 blk of Sa	MOST DAMAGED AREA	02	MOST DAMAGED AREA	08	00 None 01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				01 02 03 04 05 06 07 08				4 2				1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. 1745	TROOP/TEAM/BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Kathryn Meade		INVESTIGATOR SIGNATURE Approved by Officer Kathryn Meade	DATE OF REPORT 09/13/2015